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Bib Data Sheet

CONFIRMATION NO. 2417

SERIAL NUMBER	FILING OR 371(c) DATE	CLASS	GROUP ART UNIT	ATTORNEY DOCKET NO.
10/036,022	12/26/2001 RULE	015	1744	00216-368004
APPLICANTS Michael Roberts, Brookfield, CT; Thomas Craig Masterman, Brookline, MA; Edward H. Park, Sharon, MA; Scott Batson, Wakefield, MA; Philip Sweeney, Taunton, MA; Mingchih M. Tseng, Hingham, MA; Stephen C. Witkus, Grafton, MA;				
** CONTINUING DATA ***** M1 This application is a DIV of 09/660,151 09/13/2000 ABN which is a CON of 09/351,588 07/12/1999 PAT 6,151,745 which is a CON of 08/730,286, 10/30/1996 PAT 5,987,688 which is a CIP of 08/554,931 11/09/1995 ABN (*Data provided by applicant is not consistent with PTO records.)				
** FOREIGN APPLICATIONS ***** NONE				
IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** 02/04/2002				
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after met <input type="checkbox"/> Allowance Verified and <u>M1</u> Acknowledged <u>Examiner's Signature</u> <u>M1</u> Initials		STATE OR COUNTRY CT	SHEETS DRAWING 6	TOTAL CLAIMS 12 INDEPENDENT CLAIMS 1
ADDRESS 26161				
TITLE Gum-massaging oral brush				
FILING FEE RECEIVED 878	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	



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BIBDATASHEET

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APPLICANTS

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CIP

** FOREIGN APPLICATIONS *****

NONE

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

** 02/04/2002

Foreign Priority claimed 35 USC 119 (a-d) conditions met Verified and Acknowledged	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance <u>M. A.</u> Examiner's Signature <u>M.</u> Initials	STATE OR COUNTRY CT	SHEETS DRAWING 6	TOTAL CLAIMS 12	INDEPENDENT CLAIMS 1
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ADDRESS

ROBERT C. NABINGER
Fish & Richardson P.C.
225 Franklin Street
Boston, MA
02110-2804

TITLE

Gum-massaging oral brush

☐ All Fees
☐ 1.16 Fees (Filing)

<p>FILING FEE RECEIVED 794</p>	<p>FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:</p>	<table border="1"><tr><td><input type="checkbox"/> All Fees</td></tr><tr><td><input type="checkbox"/> 1.16 Fees (Filing)</td></tr><tr><td><input type="checkbox"/> 1.17 Fees (Processing Ext. of time)</td></tr><tr><td><input type="checkbox"/> 1.18 Fees (Issue)</td></tr><tr><td><input type="checkbox"/> Other _____</td></tr><tr><td><input type="checkbox"/> Credit</td></tr></table>	<input type="checkbox"/> All Fees	<input type="checkbox"/> 1.16 Fees (Filing)	<input type="checkbox"/> 1.17 Fees (Processing Ext. of time)	<input type="checkbox"/> 1.18 Fees (Issue)	<input type="checkbox"/> Other _____	<input type="checkbox"/> Credit
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Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR	SHEETS	TOTAL	INDEPENDENT
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	COUNTRY	DRAWING	CLAIMS	CLAIMS
Verified and Acknowledged	CT	6	12	1
Examiner's Signature <i>MA</i>	Initials <i>MA</i>			

ADDRESS

26161
FISH & RICHARDSON PC
225 FRANKLIN ST
BOSTON, MA
02110

TITLE

Gum-massaging oral brush



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FILING FEE RECEIVED
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☐ Credit